

JUN 01 2007

FEE TRANSMITTAL for FY 2006

Note: Effective 10/01/03. Patent fees are subject to annual revision.

I represent claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **\$1520.00**

Complete if Known

Application Number	10/773,986
Filing Date	February 5, 2004
First Named Inventor	Jenny Louie-Helm
Examiner Name	Blessing M. Fubara
Group Art Unit	1618
Attorney Docket No.	3100-0003.10

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account No.	18-0580
Deposit Account Name	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Charge any underpayment or credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1,100	2503	550
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1814	130	2814	65.00
Other fee (specify)			SUBTOTAL (3)
*Reduced by Basic Filing Fee Paid			\$1520

SUBTOTAL (1) **\$**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	- 20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 3** =			
Multiple Dependent				

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	
1202	50	2202
1201	200	2201
1203	360	2203
1204	200	2204
1205	50	2205
		Claim in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		** Reissue independent claims over original patent
		** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) \$		

***or number previously paid, if greater; For Reissues, see above*

SUBMITTED BY

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Signature  Date May 29, 2007